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PTO/SB/21 (08-00)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/759,698
Filing Date	01/12/2001
First Name of Inventor	Mayle
Group Art Unit	3635
Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number MA /1023-012

ENCLOSURES (check all that apply)

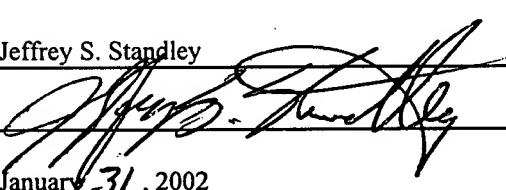
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Petition to Correct Inventorship; Amendment to Correct Inventorship; two (2) Statements in Support of Petition; Declaration; Power of Attorney; postcard filing receipt and check
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

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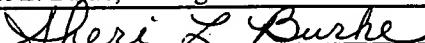
GROUP 3000

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jeffrey S. Standley
Signature	
Date	January 31, 2002

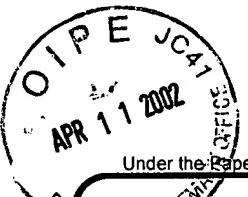
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Typed or printed name	Sheri L. Burke, Paralegal	
Signature		Date

January 31, 2002

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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 130.00)

Complete if Known

Application Number	09/759,698
Filing Date	01/12/01
First Named Inventor	Mayle
Examiner Name	
Group Art Unit	3635
Attorney Docket No.	MAY1023-012

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	19-4076
Deposit Account Name	

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:
 Check Credit card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2520	147	2520
112	920*	112	920*
113	1840*	113	1840*
115	110	215	55
116	390	216	195
117	890	217	445
118	1390	218	695
128	1890	228	945
119	310	219	155
120	310	220	155
121	270	221	135
138	1510	138	1510
140	110	240	55
141	1240	241	620
142	1240	242	620
143	440	243	220
144	600	244	300
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	710	246	355
149	710	249	355
179	710	279	355
169	900	169	900
Other fee (specify): Petition to Correct Inventorship			130.00

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 130.00)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Jeffrey S. Standley	Registration No. (Attorney/Agent)	34,021	Telephone	614-792-5555
Signature				Date	January 31, 2002

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